

Transforming Child and Adolescent Services for Young People Living in Barnet, Enfield and Haringey

Report for the Joint Overview and Scrutiny Committee

NHS North Central London

5th December 2011

1.0 Statement of Intent

The NHS in Barnet, Enfield and Haringey, working with their partners in the Local Authorities and with a range of stakeholders including children and young people, are looking to further improve the way that local CAMHS is configured and delivered for adolescents with severe and complex mental health needs.

The proposed changes, set out in this document, are part of a continuous focus on quality, improvement, productivity and prevention across all health services, and in particular responds to the National CAMHS Review which was published in 2008. The work of the commissioners and their local provider, Barnet, Enfield and Haringey Mental Health Trust, has focused on benchmarking local performance against national data, reviewing published best practice, addressing spend and cost at a time of reduced budgets and seeking to redesign a total pathway to improve outcomes and meet the individual needs of young people and their families.

The report to the PCTs' Joint Boards meeting of 1 December makes recommendations for changes to enable the implementation of the new clinical model with enhanced community team support and there is an agreed timetable for the production of the business case for this service redesign project, which commissioners are working with Barnet, Enfield and Haringey Mental Health Trust to develop and implement in a joint planning partnership.

2.0 Proposal History

The joint Overview and Scrutiny Committee has received reports on this transformation project in July 2011 and September 2011. On each occasion the committee has raised a number of significant concerns and has recommended that these be addressed prior to submission to the Joint Boards of NHS North Central London for consideration.

This paper responds to the issues raised by the committee with particular reference to the:

- clinical evidence base underpinning the proposals
- delivery of a clear pathway
- local consultation and its impact on the redesign process

- Implementation planning

3.0 Good practice in CAMHS Care Pathways

Recent national research has recommended that CAMHS works most efficiently and effectively for young people when it is able to offer intensive community focused services at times of need, which provide 'wrap around' support for young people in their own environment (Green and Worrall, 2008, Kurtz, 2009 and Sergeant et al., 2010). This intensive community support bridges the gap between mainstream community mental health care and inpatient/residential services, providing more individualised options along a continuum of care.

Studies into the outcomes for young people with severe and complex mental health needs indicate that because there is so much variability in the home and school environment of each child there is not a "gold standard" of evidence upon which to decide which model is best for which group of young people (Green and Worrall-Davies, 2008). However, reviews of the field have concluded that a spectrum of intensive services should be offered. For example, Sergeant et al (2010) discuss the benefits of recent interest in "stepped care" models offering inpatient, day-patient and intensive outpatient programmes more pragmatically and flexibly.

Literature reviews into improving outcomes for adolescents indicate that care pathways should seek to minimise the length of any inpatient stay and to support a carefully graded transition back to the young person's community through enhanced services, minimising disruption to home and school environments. In addition, such services can tailor treatment components to the needs of each individual and family, and are well placed to assess risk and provide the required level of intensity of treatment. This view is echoed by Green and Worrall-Davies (2008), who conclude that

"In an ideal future there would be a set of flexible and complementary platforms for the delivery of intensive care for acute and complex disorders."

4.0 Benchmarking

When comparing data collected nationally on CAMHS (national CAMHS data mapping exercise 2007/8) there is evidence that Barnet, Enfield and Haringey spend a significantly higher proportion of funding on hospital or residential care for young people. Locally 35% of the current £17million investment in CAMHS is spent on inpatient services, in comparison to 26% in comparable areas (groupings based on issues including deprivation). Therefore the current structure of provision is less likely to prevent young people being

required to break contact with their community (family, friends, education etc) and more likely to require a long inpatient stay.

5.0 Local Models of Care

Within the wider north London health and social care system, commissioners and their provider partners have been working to address gaps in provision. For example, in Camden and Islington there has been a significant restructure of the inpatient provision and an investment in an intensive community team to support individuals and their families. The model has led to a reduction in admissions and length of stay in inpatient care, and an increased offer to young people and their families in the community.

Within Enfield commissioners have piloted an intensive community model of care which, following a year of operation can positively and clearly demonstrate that intensive or enhanced support in the community can prevent admission and reduce the length of stay in inpatient care. The Alliance Model has provided excellent local data about what can be achieved by investing in additional community care and bridging the gap between community and inpatient provision.

6.0 Evidence Base

There appears to be a good evidence base to demonstrate that adolescents with severe and complex mental health need benefit from:

- Enhanced community support which can be flexible in working with them as individuals, and with their families, in the community
- Inpatient care that works with, or is integrated with, enhanced community teams working with young people for short periods of time and supporting rapid discharge

The evidence does not indicate whether inpatient units have to be geographically located in close proximity to enhanced community teams, but it might be assumed that this has basic advantages in terms of communication and relationship development.

Measuring outcomes for young people with complex needs can be challenging, however, a reduction in the number and length of inpatient stays is an excellent proxy measure for a system that is supporting people well in the less restrictive platforms of care.

7.0 Stakeholder Views

The NHS in Barnet, Enfield and Haringey, having assessed the clinical evidence base, with good knowledge of the current local gaps in provision for

adolescents, and knowledge of the reducing level of referrals to the current inpatient units proposed the following:

- To develop enhanced community teams in each borough
- To close the Northgate inpatient unit, with its model of care based on longer lengths of stay
- To commission New Beginning to provide a greater breadth of inpatient care locally (including seeking to meet the needs of some young people closer to home rather than in out of borough placements)

The proposals aimed to reshape service provision to improve outcomes and also responded to the need to provide services more efficiently and produce savings to be returned to the PCTs. The proposals relating to the first two bullet points aimed to deliver a £550,000 saving across NHS Barnet, Enfield and Haringey.

This proposal was presented in formal consultation. The learning from this consultation was presented in the 29 September Board report and is set out in the supporting papers for this document.

Views of Young People:

There was a good response to the consultation from young people, both from those who use tier 3 clinic based care currently and those who are or have been inpatients.

There was a significant level of support for the development of enhanced community teams, where most young people commented on the benefit of accessing support more regularly and in a range of environments (i.e. not just within formal clinics) at times of need. However, for a significant minority of young people, particularly those who had experienced care in the unit, the closure of the Northgate Unit was a real concern, as was a proposal to integrate therapeutic care in a crisis unit such as New Beginning.

The temporary closure of Northgate to admissions, agreed prior to the consultation, seemed to indicate that stakeholder views were not being considered and that decisions had already been made. However, the restriction on referrals was the result of two factors;

- A decision to ensure that no young person would have to be moved part way through a treatment package, which in the Northgate model of care was approximately 9 months, if the consultation was supported
- A requirement to decant the building in order to refurbish specific areas.

Other stakeholder views

In line with the views of young people, the consultation indicated strong support for enhanced community teams from other stakeholders including local authority and mental health partners. However, the inpatient solution continued to give a level of concern, particularly that the closure of Northgate and the remodelling of New Beginning would lead to an increase, rather than a reduction of young people being admitted to out of area placements. In addition, concerns were expressed about the continued disjointed nature of the care pathway with young people being referred on and reassessed by different parts of the system (clinic based care, enhanced teams and inpatient units).

Responding to stakeholder views

The commissioners have responded to these views and with Barnet, Enfield and Haringey Mental Health Trust have developed a care pathway that builds further on the clinical evidence base to develop therapeutic care across community and inpatient services. In addition, the new model of care gives a greater focus to the inpatient requirements and proposes, not a simply a remodelled New Beginning but a unit that can meet the needs not only of clients traditionally seen in the two current units, but also young people currently based in out of area placements.

The new version of the clinical model still requires the closure of Northgate and it is acknowledged that some young people will continue to feel this is not in the best interest of adolescents. However, basing planning decisions on the recommendation that lengths of stay in inpatient care should be reduced in order to improve outcomes, it seeks to provide a range of therapeutic options across community and inpatient care. In addition, the inpatient provision proposed in the new model will remain on the Edgware Community Hospital in the Northgate building.

The NHS in Barnet, Enfield and Haringey have established a focus group with young people to continue to shape the development of CAMHS services and any changes in care for adolescents with severe and complex needs. This group is planned as an ongoing group and will be in regular contact with commissioners to guide implementation.

8.0 A new model of care

NHS Barnet, Enfield and Haringey have developed a new commissioning framework for CAMHS for adolescents (aged 12-18) with severe and complex mental health needs which will include:

- Clinic based multidisciplinary care (the current tier 3)
- Enhanced therapeutic care that should ensure that even the most complex of mental health needs can be met in the community

- A model of care that ensures that if a young person does require inpatient admission they continue their contact with the enhanced therapy they had been receiving in order to facilitate appropriate transfer back to the community
- Inpatient provision that supports high dependency and acute care for a wider range of young people including those with specialist needs (learning disabilities and forensics)

In terms of key performance indicators the commissioning framework will seek:

- Overall reduction length of stay in inpatient care
- Reduction in admissions
- Reduction in out of area admissions in crisis
- Improved client satisfaction
- Improved HONOSC scores (measure of mental wellness)

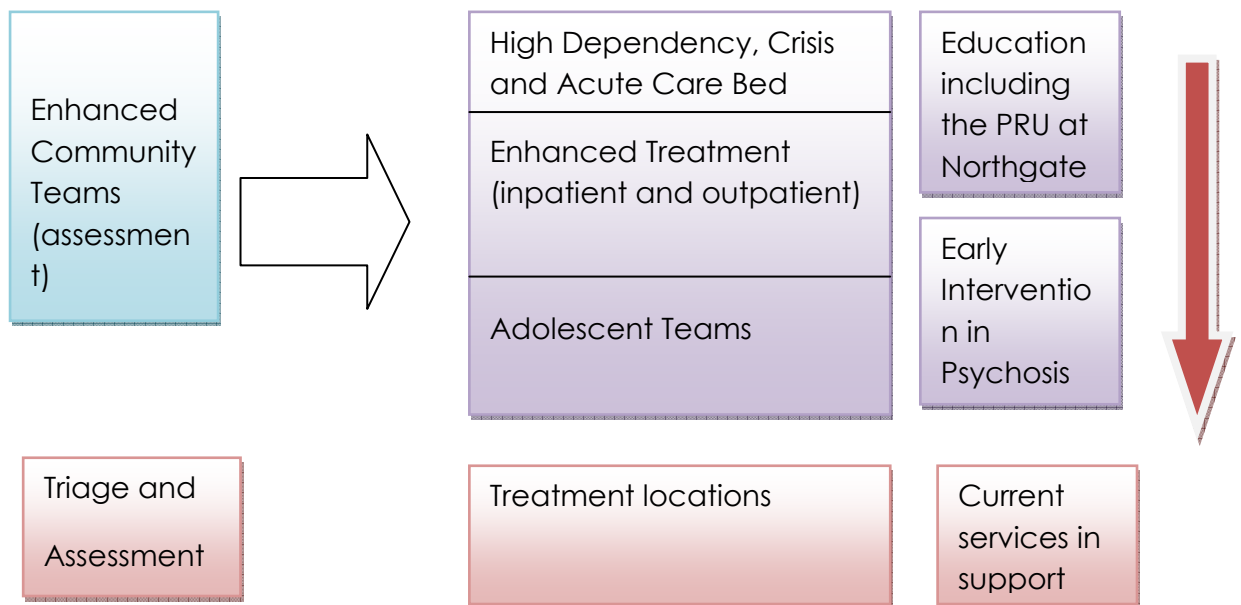
Barnet, Enfield and Haringey Mental Health Trust proposal

The provider has developed a clinical model to respond to this brief.

The trust see a real opportunity to provide an integrated model of care and move away from the delivery of separate teams, or tiers of provision. Therefore clinic based care will be integrated with the enhanced community teams, who in turn will work with the young person within the inpatient unit on any given admission. Rather than separating inpatient provision into different units, there will be the resources available in a single unit to meet; high dependency, crisis, acute and treatment needs. A young person will need different inputs during an admission and this care will be flexed around them, without them needing to move unit or bed, in addition they will retain their enhanced community team key worker who will ensure the young person has a clear discharge plan on admission, facilitating appropriate transfer to the community when clinically ready. The therapeutic community previously established in units such as Northgate will not be replicated in the new model however learning from the Northgate model will be incorporated and group work will be provided across the inpatient unit and the community.

The trust refer to the model as a 'gravity model,' with the key worker clearly based in the community, they will work with the young person to achieve the least restrictive environment for care at any given time, but with quick access to enhanced community input or to inpatient beds when required. By establishing the enhanced community team as the main assessment and key worker provision, there will be a reduction in assessments that young people require and the key worker will act as the navigator through various platforms of care, including inpatient.

Diagram 1.



The enhanced community teams for each borough, based in the community would work with young people to determine the level of care required at any given time and to hold and manage the young person's care plan.

Impact

The comprehensive model of care proposed draws heavily on experience in other care environments including eating disorders, personality disorders and forensic provision in adult services and some specialist adolescent services. The model is designed for optimum efficiency where the enhanced community teams are able to work with the young person in a local inpatient unit, but would also work if a young person needed an out of area admission where the key worker would manage regular contact with the provider to facilitate a discharge plan (This is achieved in the Alliance Model).

The model draws on good practice and is innovative where the enhanced community team in this model remain a constant for the young person as their care needs flex and change until such a time that they are discharged back to clinic based care or no longer need CAMHS services.

Education

London Borough of Barnet has stated that it intends to maintain the PRU on the Northgate site. It has excellent results and is the preferred education model identified by the mental health provider to support the inpatient clinical model. Discussions with Enfield and Haringey Local Authorities are on-going in relation to the model of education they wish to purchase for their young people. These have been positive to date with a commitment from each LA to ensure each child has a clear education plan and to establish more robust planning and oversight of these through local Complex Care panels. It is noted though, that changes to length of stay for treatment may also change each LA's requirements for the type and extent of support required from Barnet PRU. This will need planning on a case by case basis and the NHS can only support discussions in this area, advising on potential impact of the new model on expected lengths of stay. The commissioners and BEHMHT will continue to work with the Local Authorities to ensure that young people achieve the greatest benefit from any inpatient stay.

9.0 Developing a financially affordable case

The Barnet, Enfield and Haringey Mental Health Trust proposal relies on a restructuring of provision across:

- Parts of tier 3 services (specifically adolescent teams which are part of the multi-disciplinary clinic based teams joint funded with the Local Authorities)
- Local Inpatient Units (Northgate and New Beginning)
- Out of Area Inpatient Units

In the next phase of the business planning process therefore we must ensure the further engagement of local authorities to agree changes, if any are required, in commissioning arrangements for adolescent clinic based care. There is currently work being undertaken by the commissioners and provider to jointly review cases placed in out of borough units to ensure that their clinical needs can be met in the model of care that has been designed by the trust. This is a complex process and is essential in ensuring that sufficient NHS resource can be redirected from out of area providers to fund a local provision.

The business case must demonstrate financial affordability for both the Trust and commissioners particularly from the re-provision of inpatient beds in the locality rather than in high cost out of area placements.

10.0 Enablers

The commissioners and provider are agreed that it is increasingly important to take the recommended decisions to end the extended period of uncertainty

during which the Northgate Unit is closed to admissions and alternative provision is being made in existing community teams and, if necessary, out of area placements. Whilst the details relating to the business case are jointly assessed, a number of inter-dependent and enabling actions need to take place which should be seen as facilitative steps towards the new model of care. The enablers for the new model of care are:

- The closure of the Northgate Unit – this can be achieved swiftly as the unit is not currently accepting referrals and will release £1.2 million (pro rata) to facilitate system change
- The reinvestment of £650,000 (and the current Enfield Alliance resource of £125,000) in enhanced community teams across the three boroughs – this will ensure that policies and procedures can be developed and the triage, assessment and key worker model can be piloted
- Release of £550,000 back to the NHS as part of the QIPP plan

It is acknowledged that during this period of change adolescents with severe and complex needs may require an inpatient admission. This will be facilitated through commissioners purchasing placements, either at New Beginnings (which will accommodate some non-crisis admissions if the environment is considered appropriate, as well as continuing to take all crisis admissions) or from other NHS and private provision in other boroughs: Simmons House, The Bourne, SLAM and Brookside. These placements will be funded separately by commissioners. The initial enhanced community teams will work with these young people and with the unit where they are admitted to achieve a clinically appropriate admission and length of stay, and to facilitate discharge. It is acknowledged that building links with units out of area has a number of challenges which is why it is important to work with units who share a philosophy about the importance of minimising a break in contact for young people with their communities.

11.0 Managing Risk

The safety of young people is a key issue for the commissioners and provider and both agree that the new model does deliver a system of care that can support adolescents with severe and complex needs. The implementation of the enablers is a positive step change as part of the implementation of the full care pathway and model of care on approval of the business case. The commissioners and provider agree that the enablers will bring new challenges but they will also reduce the risks that were inherent in the previous system. They will also support learning which will be beneficial when the inpatient element of the new model of care is established. It is acknowledged that it will be important to work closely with a small number of NHS inpatient units to support the establishment of relationships and good communication.

Although no system can eliminate all risk, the proposals offer an appropriate and effective approach to risk management.

12.0 Implementation

The proposals to redesign CAMHS provision for adolescents with severe and complex mental health needs has been developed over time and has received significant comment from stakeholders. Key to providing stakeholder confidence about the new model of care is ensuring a clear implementation plan.

The commissioners and provider propose the following sequencing to ensure this major service redesign can be achieved. Both parties are seeking quick implementation to ensure that the highest quality care is available for young people and that savings can be released appropriately.

Key actions and milestones are listed below:

- Closure of Northgate Unit by December 2011
- Development of Enhanced Community Teams in each borough from January 2012
- Completion of Business Case by January 2012
- Review of Business Case by appropriate bodies by February 2012
- Consultation with New Beginning staff to facilitate move to new inpatient unit by March 2011
- Implementation of new inpatient model from April 2012
- Extension of enhanced teams across community and inpatient provision from April 2012

The following recommendations are therefore being made to the Joint Boards' meeting on 1 December 2011:

The Joint Boards are asked to DELEGATE authority to the Chair and Chief Executive to consider any further views of the Joint Health Overview and Scrutiny Committee on 5 December 2011 and, if appropriate:

- APPROVE the establishment of enhanced community teams in each Borough as part of a clear care pathway for adolescents (12-18) requiring intensive CAMHS support
- APPROVE the closure of the Northgate Inpatient Unit as an enabler to the implementation of a new care pathway
- NOTE the provision of inpatient care for adolescents previously admitted to Northgate at New Beginnings and other NHS and private providers (Simmons House, The Bourne, SLAM and Brookside) and the plan to deliver a remodelled inpatient unit on the Edgware Community Hospital site as part of the new model of care
- AGREE to receive the business case being jointly developed with Barnet, Enfield and Haringey Mental Health Trust, which is subject to QIPP review, to ensure a new inpatient unit provides effective crisis

care and on-going treatment and reduces out of area admissions, operating as an integral element of care pathways coordinated by enhanced community teams delivering specialist therapy services.

As previously stated the young people's focus group (with representation from across CAMHS) will be central to ensuring that implementation is managed to best meet the needs of current and future service users. This group will meet with planners on a monthly basis and provide regular input via various media including e-mail etc. on an on-going basis.

13.0 Conclusion

The NHS in Barnet, Enfield and Haringey are committed to improving the quality of care for adolescents with severe and complex mental health needs. The commissioning PCTs are looking to achieve a range of enhanced care and support in the community for young people in line with best practice guidance. In addition, a local inpatient solution is sought that provides clinically appropriate care and reduces the risks currently being held by the provider in operating two units at significantly less than full capacity.

There is an acknowledgement that through investing in enhanced community teams, commissioners are seeking to reduce inpatient care provision and costs. However, if a clinically and financially sustainable business case can be agreed both the commissioner and the local provider are keen to develop a single inpatient unit that can not only support young people who have previously met the New Beginning and Northgate admission criteria but also some of those currently sent out to other providers across London.